

Scaling up for Better Health



Work Plan for the International Health Partnership and related initiatives (IHP+)

For September 2007 to March 2009

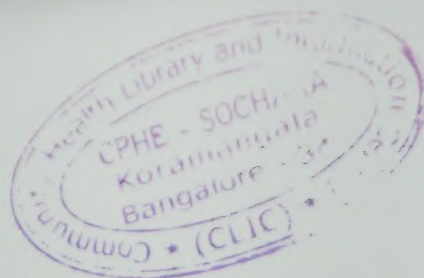
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Scaling up for Better Health

IHP+ Work Plan of the 8 International Health agencies ¹

September 2007 to March 2009

I. Background

Countries and their development partners are seeking to make significant increases in the level of investment and activity in health. They recognize that unless they scale up current efforts, they are unlikely to achieve national health priorities or make progress towards achieving the Health Millennium Development Goals (MDGs ²). Improving health will also contribute to the achievement of other development objectives, in particular those related to poverty reduction, gender equality and education.

There is recognition that scaling up in health requires a far more coherent approach. This recognition takes many forms: a growing awareness that the health-related MDGs cannot be achieved without adequate investment in the health systems that underpin health service delivery; that investment in health needs to be embedded in broader social and economic development planning; that countries need long-term predictable aid from development partners; that partners need to see a clear link between financing and results; and that mechanisms to hold all partners accountable for their performance against international agreements are needed.

Several expressions of this consensus were reflected in the work to follow up the High Level Forum on the Health MDGs (HLF), the Paris Declaration on Aid Effectiveness, the development of the GAVI health systems window, the discussion within GFATM on modalities for health systems support and conditions for more programmatic funding, the G8 communiqué on scaling up for health in Africa, and most recently the International Health Partnership and other related initiatives (IHP+) linked to the Global Campaign for the Health MDGs (such as the Catalytic Initiative to Save a Million Lives, Providing for Health, and Results Based Financing), which broadly all have similar aims - better coordination of development assistance and increased investment in health systems strengthening to accelerate the achievement of the health MDGs.

The growing impetus towards scaling up for better health, the increased political commitment at every level, and a greater focus on addressing health systems constraints to improve outcomes, create vast opportunities for countries and development partners.

This note sets out how the International Health Agencies will move forward in a coordinated manner to support countries seeking to scale up work to meet the health-related MDGs. It builds on the conclusions and follow-up to the HLF, and the learning from various initiatives aimed at health systems strengthening at country level, for example the work of GAVI/HSS and the Harmonization for Health in Africa (HHA).

Many countries have been engaged under these different initiatives; those that signed up to the IHP in September are committed to developing 'compacts' with international development partners. A formal request to join the IHP+ has also been received from Madagascar, and many other countries (especially those supported by the Catalytic

¹ The Gates Foundation, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank.

² The health related MDGs encompass MDG1b (hunger/malnutrition), MDG4 (child mortality), MDG5 (maternal health) and MDG6 (HIV/AIDS, malaria, and other diseases).

Initiative) are engaged in preparatory work towards 'compacts'. These compacts are expected to result in (i) an increased focus on national health and AIDS strategies and plans on health-related MDGs; (ii) improved harmonization and alignment of aid; and (iii) long-term predictable financing.

The International Health Partnership and the related initiatives have created a coordination process, so-called the IHP+, where work is taken forward following some key principles:

- The focus of this process will be on **health-related MDG outcomes**. Increasing aid effectiveness, improving policy, strategy and health systems performance, and mobilizing all actors, including non-State actors, more efficiently are all means to an end.
- Actions will be **country-focused** and **country-led**. All activities will be contingent on country circumstances and will build on already existing structures, mechanisms and health plans in countries. They will be supported by dedicated regional and global activities, if necessary.
- The work will evolve as it brings together the support for the implementation of the **IHP and related partnerships and initiatives** (e.g. Global Campaign for Health MDGs with focus on women and children according to MDG4 & 5, the Catalytic Initiative, Health Metrics Network, Global Health Workforce Alliance, Providing for Health, etc.).

II. Taking Forward the Agenda - 4 Areas for Action

The ultimate **goal** is to improve the health-related MDG outcomes through the scaling up of access to, and quality of, essential health services by ensuring increased, more predictable and sustainable funding, as well as improved coordination and better delivery of services. The specific **objectives** are defined here, with timetables summarized in the attached appendices.

2.1 Develop 'country compacts' that commit development partners to sustained and predictable funding and increase harmonization and alignment in support of costed, results-orientated national plans and strategies that tackle health systems constraints

2.1.1 Develop country level compacts:

Ministries of Health and Ministries of Finance, in collaboration with development partners, will define country level compacts that commit development partners and government to support **one costed, results-based national health plan** in a harmonized and aligned way that will ensure predictable, long-term financing. The precise content of the compact will vary from country to country, but in all countries will provide a close-to-binding commitment by government, national partners, and international development agencies to long-term sustainable development of health services. Key steps to developing the compact are:

- **Stocktaking exercise.** Countries will undertake a stocktaking exercise of national health plans and strategies – providing status updates in order to ensure common understanding of country progress among global and regional audiences. This analytical exercise is very contextual and depends on the level of progress in the countries. It will, if possible, provide summary information on the following:
 - Existing National Health Policies and Strategies and the broader development context (PRSP, MTEF, etc.), as well as outputs identified in the national plan and level of achievement.
 - Health sector reforms /investment plans, with financial requirements for national health plan implementation and identification of funds available and financing gap by source.
 - Summary of current national domestic health sector financing strategies and structures.
 - Health system and agency bottlenecks and constraints that have already been recognized as needing to be removed by inclusion in national plans and review mechanisms.
 - Identification of required changes in process/relationship with development partners in order to implement the Paris Declaration on Aid Effectiveness.
 - Identification of technical assistance needs for preparing the compact.
 - Timetable of key events (sector reviews, major evaluations, etc).
- **Country roadmaps.** Countries will clarify a road map for defining the country compact. Discussions led by Ministries of Health and Ministries of Finance with development partner 'country health sector teams'³ will define the steps for developing the compact. Specific activities to be supported will be determined through this dialogue. In the short run, work will be based on the existing national health plans (which might not be comprehensive yet), as well as alignment and harmonization of partner support. It is important to note that health plans are not static, but dynamic, and will be continuously adjusted over time, usually through joint annual reviews. The first two steps to

³ The Health 8 - where applies (The Gates Foundation, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank), the Ministry of Health, other Ministries (e.g., Finance, Economy, Planning), civil society and other development partners (EC, bilaterals, PEPFAR and other).

developing the compact will help identify the value-added of this process at the country level. This will be important as other countries learn from the first wave countries.

- **Compact signing.** The signing of a compact will be the international equivalent of ratification of the national health plan by ministries of finance and parliament. By signing the compact, development partners will be bound to supporting the implementation of the national health plan and agreeing modifications through joint reviews. Mechanisms to strengthen the binding nature of a country compact will develop with time (see 'IHP+ Ways of working').

2.1.2 Strengthen country level coordination mechanisms:

The **existing** inter-agency country sector teams, working under the lead of the government, will take this work forward. The composition of these teams - how they work, and any plans to streamline different mechanisms - will be shared across countries. Guidance for the effective management of health sector teams will be developed based on agreed good practice from current experience, to inform the future roll-out of IHP+. This work will focus on:

- The capacities of the agencies and units in government to address any gaps in necessary expertise.
- Mechanisms to strengthen and scale-up existing National Health Plans and Strategies by identifying priorities, defining results, identifying the appropriate package of health interventions and ensuring that national health plans become the main framework for aligning international aid with national priorities.
- Streamlining and re-aligning development partner processes at country-level and facilitating open dialogue between governments, civil society and development partners at country level, building on the concept of a Sector-Wide Approach (SWAp), but extending it to broader development frameworks such as Poverty Reduction Strategies.
- Providing demand-driven technical support and institutional capacity building, using the full range of sources of technical assistance, including national and regional institutions, NGOs, UN and development partners.
- Prepare national consultations on policy options arising from knowledge gained through innovations in strengthening national health systems, in particular, national plans, strategies and budgets, health service delivery, results-based financing, aid effectiveness and health, and health financing and social protection, to build national consensus with government, civil society and local academia.

2.1.3 Agree on preferred mechanisms for mobilizing domestic and international resources for strengthening health systems:

In-country partners, led by government, will agree on preferred mechanisms for mobilizing additional resources for innovative and investment funds to strengthen health systems, based on in-country experience (WB, Bilateral, GAVI-HSS, GF, GHWA, HMN, civil society, the private sector, etc). This will include:

- Identifying and addressing the fiscal and macroeconomic implications of the scaled-up health plans to allow the government to move towards increased, sustainable and more predictable sector and programmatic funding, and ensuring partners' engagement and inclusion;
- Facilitating access to additional funds through World Bank, EC and Bilateral investments and through partnerships like the GAVI Alliance, the Global Fund, the Global Health Workforce Alliance (GHWA), Alliance for Health Policy and Systems Research (HPSR), and Health Metrics Network (HMN); and

- Supporting countries in creating sustainable financing structures and systems so as to mobilize and sustain additional internal resources.

2.1.4 Regular liaison with IHP+ inter-agency Core Team:

The country health sector teams will need to be in regular communication with the IHP+ inter-agency Core Team based in Brazzaville (for HHA, see later), Geneva and Washington, DC, to obtain support for in-country work, and to report on any health systems and development partner bottlenecks that hinder progress. The country health sector teams will also take part in occasional 'learning' events and exchanges at the regional and global level to share information and experience. The teams will continue regular dialogue with the Core Team and partners to provide updates and to guide the international response.

2.2 Generate and disseminate knowledge, guidance, and tools in specific technical areas related to strengthening health systems and services ⁴

High quality guidance (policy options, evidence, best practices, etc) and tools are needed to support decision-making at the country level. The required analytical work will be informed by country experiences, evidence of what works, and good practices that arise from work already under way in countries (and development partners). The work will be taken forward by inter-agency working groups and task forces set up by the Scaling-up Reference Group (see later), consisting of The Gates Foundation, GAVI Alliance, The Global Fund, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank. The work will use expertise and country case studies in a transparent manner with regular briefings and updates for wider groups of national stakeholders and IHP+ partners. The following are priority work streams that have been identified:

2.2.1 Health systems strengthening communication strategy: Develop a common cross-agency agenda for health systems strengthening and scaling up based on the HSS framework for action paper, and other agency strategy papers focusing on strengthening health systems and services.

2.2.2 Priority areas for pooling evidence and knowledge generation:

- **National plans, strategies and budgets:** Explore how these national instruments can be further strengthened to sustain improved service delivery and health outcomes, to increase investments by MoF, allow development partners to increase and align their aid more closely, and better engage national state and non-state stakeholders. This will include work to define criteria to assess the robustness of national health plans and strategies, options for their appraisal as the basis for funding, and the link between health and AIDS plans.
- **Health Service Delivery:** Based on cross-agency and cross-country work on what strategies are effective, develop tools and guidelines to strengthen health service delivery through addressing health system constraints, focusing on the health-related MDGs and strengthening primary health care.
- **Results-based financing:** Consolidation of in-country experience on supply- and demand-side results-based financing, so that results and accountability are closely linked, and financing is managed predictably and transparently in relation to results and capacity strengthening actions.
- **Aid effectiveness and health:** In preparation for the OECD/DAC Accra High-Level Forum on Aid Effectiveness, to be held in September 2008, WHO and WB have agreed on a joint work programme for "health as a tracer sector"

⁴ Much of this work has already started through various avenues of collaboration between the WHO and the World Bank and other development partners. It is important to note that this work plan will ensure that dissemination and knowledge sharing are becoming a reality.

focusing on: developing the evidence-base on aid effectiveness; identifying donor constraints for providing long-term sustainable financing in health; strengthening the link between aid effectiveness and health systems development; and strengthening global accountability mechanisms. The World Bank, WHO, UNICEF, UNAIDS and the Global Fund together with OECD/DAC have formed a task team to organize the Roundtable on Health, Education and Infrastructure in time for the meeting in September.

- **Monitoring and Evaluation:** The common framework for monitoring performance and evaluation of the scale-up for better health aims to ensure that the demand for accountability and results from single donor and joint initiatives is translated into well-coordinated efforts to monitor performance and evaluate progress and results in-country. It also stresses the importance of working in ways that contribute to strengthening country organizational capacity and health information systems, as well as enabling evidence-informed decision making and improved country performance. The framework for evaluation of the scale-up in the spirit of the Paris Declaration can be translated into the following six principles: collective action, alignment with country processes, balance between country participation and independence, harmonized approaches to performance assessment, capacity building and health information systems strengthening, and adequate funding.
- **Health financing and social protection:** Use the Providing for Health Initiative to increase attention on sustainable and equitable health financing, with a particular focus on Africa⁵.

2.2.3 Harmonization and alignment of health systems research: Consider options for strengthening national capacity in health systems research so that learning and innovation happens locally; support governments in aligning health research with national health priorities.

2.2.4 Cross-country synthesis and dissemination of experiences: Arrange for cross-country, face-to-face meetings and exchanges of experience and regular meetings of the international agencies engaged in the IHP+ so that all stakeholders can learn the lessons from experiences in developing compacts. This will also be used to feed into innovations and policy dialogue at the country level, and to prepare for the roll-out of country compacts in the IHP+. This will include drawing on lessons from the UNAIDS-led work to rationalize the architecture around AIDS, reflected in the 'Three Ones' Framework and the Global Task Team, and from other reform efforts such as the 'One UN' pilots.

2.3 Enhance coordination and efficiency and leverage predictable and sustained aid delivery for health

The Paris Declaration on Aid Effectiveness and the principles for global health partnerships agreed at the High Level Forum on the Health MDGs (HLF) included the importance of improved coordination and harmonization of development partner support to countries. Support in this area will aim to link country, regional and global processes - at the core of the work are the **country 'health sector' teams**; efforts will continue to build consensus and ways of working that empower the country 'health sector' teams (consisting of government and national and international development partners) in taking forward the IHP+ related work at national level, as defined in section one of the work-plan. To support these teams, at global and regional level the following is expected:

2.3.1 Establish an IHP+ inter-agency Core Team: Create a Core Team that oversees and supports day-to-day operations related to the IHP+ work-plan at the

⁵ Bonn Conference: 29th-30th November 2007

global, regional and country levels. This would cover staffing, budget and priority areas for work including:

- Reinforce regional mechanisms, such as the HHA, to ensure interagency coordination of technical support and capacity building at country level, and consider expansion of this model to the Asia regions.
- Ensure systematic global level facilitation to improve complementarity and coordination among key agencies and initiatives, providing support to agency Boards, streamlining political advocacy processes, and working with OECD/DAC to apply the Paris Declaration on Aid Effectiveness to the health sector.
- Compile lessons learnt from the development of country compacts and related work, such as GAVI-HSS, and prepare proposal for IHP+ Phase II.

2.3.2 Establish IHP + communications strategy: A common communication strategy is required for the IHP+ and all the related initiatives aimed at harmonizing and aligning international support to strengthen national health systems and to scaling-up health services. This would include:

- Revisiting key messages, titles of initiatives and core scripts for use across agencies;
- Ensuring regular feedback on country and international level progress to internal and external stakeholders;
- Regular dialogue and information sharing across international health agencies, development partners, OECD/DAC, partnerships, private sector and CSOs engaged in the IHP+ and 'scaling-up' agenda; and
- Provide twice monthly updates on progress of different elements of the IHP+ work-plan, and three monthly reports on progress.

2.3.3 Facilitate solutions to agency constraints: Implementation of the IHP+ work-plan requires significant institutional behaviour changes which will need to be supported by appropriate institutional incentive structures. Country specific demands will require the international health agencies and OECD/DAC partners to resolve country bottlenecks due to development partner constraints (e.g. procurement, unpredictable donor funding, etc.). The IHP+ inter-agency Core Team and development partners will:

- Prepare a study on institutional incentives and behaviour change required for implementation of the Paris principles in the health sector, to supplement work already under way on donor constraints (under 'Health as a Tracer Sector');
- Where requested, provide analytical support to assess constraints, and prepare reports for submission to agency senior management and boards; and
- Support inter-agency and country-HQ consultation communication on constraints and proposed resolutions.

2.3.4 Improve agency capacity to strengthen results-based planning and budgeting, increase harmonization and alignment of aid, and build health systems strengthening capacities:

In addition to country-level actions to strengthen inter-agency country health sector team capacities, a strategy for cross-agency and government strengthening of 'health systems' capacity will be developed. This will have two forms:

- Development of a health systems professional network for international health agency staff, with a dedicated database and access to common learning materials and opportunities.
- Roll out learning programmes and tools for agency staff and national and regional institutions to build competencies and provide a common understanding of health systems strengthening.

2.4 Accountability and monitoring performance

Key concepts of the Paris Declaration and the IHP launch documentation are: mutual accountability, transparency, and managing by results in the use of development resources - *"partner countries and donors commit to jointly assessing, through existing and increasingly objective country level mechanisms, mutual progress in implementing agreed commitments on aid effectiveness, including the partnership commitments"*. This requires systems to monitor the progress and performance of all stakeholders. Accountability mechanisms are required to gauge the performance of development partners working at country level, as well as the performance of countries in meeting their national commitments. This will be linked to ongoing work across agencies, with the Health System Metrics and with the work on use of health as a tracer sector for aid effectiveness. The key steps are:

2.4.1 Accountability for implementing country compacts: As the structure of compacts become clearer, the indicators and changes to behaviours and procedures will be collated at the global level, to communicate expected changes. This will be matched by assessments of progress in-country, linked to national timetables for sector reviews etc. In addition, options for a cross-country review of progress, managed by civil society through a commissioned process, will be explored.

2.4.2 Monitoring and evaluating country progress: This will include using the common monitoring and evaluation framework, described in section 2.2, to assess country progress. This will be the start for agreeing on institutional mechanisms for independent evidence-based assessment of results at the country level and of the performance of agencies by north-south international consortia.

2.4.3 Prepare progress reports for high level events: Reports and communications on progress and unresolved constraints will be prepared for political events in order to maintain the momentum for resources and changes in agencies.

III. IHP+ Ways of working

This section focuses on how the work will be taken forward during the initial phase of implementation of the IHP+ work-plan. Monitoring and evaluation will help to extract lessons learned and develop good practices, which will, in turn, inform the next phase of the work-plan (i.e. scaling up to more counties). The work-plan is divided into country and regional/global level activities.

3.1 Country level

The key objective of the first phase (18 month period) is for each country to develop a 'compact' between government, national partners, and international development partners, to strengthen coordination and mobilize technical and financial resources, as detailed in section 1 of the work-plan. The work will be taken forward by the **existing, country health sector teams**, under the leadership of government. These teams will need to be inclusive (including key stakeholders - government entities, development partners, civil society and the private sector), transparent and collaborative. Technical assistance to address constraints will be demand-driven by country teams, and resources will be available for country teams to mobilize assistance from national or international sources, according to their preference.

The **definition of a country compact** will vary from country to country, but in all countries it will provide a close-to-binding commitment by government, non-state stakeholders, and international development agencies to focus on **existing national strategic plans**, strategies and processes for aligning external and national assistance. Compacts will serve to identify and mobilize the resources to act on health systems constraints for the achievement of more ambitious health outcomes - particularly in relation to the health MDGs, to better use existing aid resources through the application of the Paris principles in the health sector, and to have more effective accountability between governments, civil society and their development partners. The process for arriving at the compact will be agreed in country, led by Ministries of Health and Ministries of Finance, in collaboration with development partners and civil society. Mechanisms will be developed to ensure full engagement of those without a country presence.

3.2 Global and regional levels

The main objective of the global and regional level work is to support the country level efforts, as detailed in sections 2, 3 and 4 of the work-plan. Regional mechanisms will be strengthened for harmonizing technical support and country level capacity building, such as the work started under the Harmonization for Health in Africa initiative. The IHP+ management structure can be summarized as having three components:

- **An inter-agency Core Team (CT)** will be based in three locations - WHO Geneva, World Bank Washington, DC, and WHO Brazzaville (as part of the HHA Initiative). Terms of reference are attached in Annex 1, and details are available in a separate document. **The HHA** mechanism is consolidating itself as the operational and capacity building support modality to countries and development partners to facilitate: (i) evidence- and country-based planning, costing and budgeting for health outcomes; (ii) alignment to country processes and harmonization; and (iii) systems bottleneck analysis and support to overcome them. Developed by the African Development Bank (AfDB), UNFPA, UNICEF, UNAIDS, WHO, and World Bank, the HHA is an Action Framework for 'tackling the barriers to scaling-up in health.'
- **A Scaling-up Reference Group (SuRG)** will consist of focal points from 8 International Health agencies. The SuRG will be responsible for supporting the

implementation of the work-plan; terms of reference are attached in Annex 2. The SuRG will meet monthly, and perform most of its work through inter-agency working groups and task forces, engaging a wider group of partners and civil society. Regular forums will be arranged to get feedback and promote a greater understanding of the work of the IHP+.

- **Civil Society Engagement** will facilitate strategic inputs from global civil society, providing guidance, facilitating communication, and promoting collaboration in activities seeking to support the implementation of the IHP+ work plan. The method of engagement will be decided by members of global civil society, but choices of modes of engagement will include:
 - Establishment of a Consultative Group of CSOs.
 - Use Existing Channels for CSO engagement.
 - Engage through Ad Hoc organization of meetings twice a year.

At the country level, it is envisaged that CSOs actively participate in the inter-agency country health sector teams and contribute in both the stock-taking exercise and drafting of the compact. At the global level, engagement of civil society will be determined based on the feedback from a broad range of stakeholders.

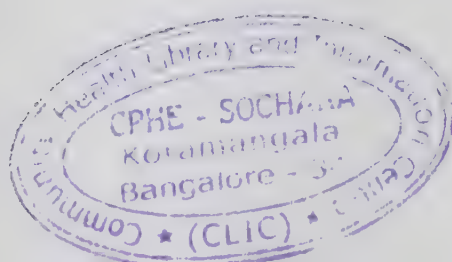
Appendices A and B (attached on the following pages) show the activities at country and global level that are envisaged during the first phase 18 month period as well as for the first 24 months of the Partnership.

Annex 1

IHP+ inter-agency Core Team Terms of Reference

The IHP+ inter-agency Core Team will be responsible for coordinating the efforts of the international health agencies and the required support for the country inter-agency 'health sector' teams. Its terms of reference can be summarized as:

- 1. Responding to existing country needs and demands**
 - Ensure and facilitate access to high-quality technical support, as required, to regional and country teams for practical operations and for documenting experiences.
 - Acting as a sounding board on country demand to bring bottlenecks to the right level for solving.
- 2. Preparing work for the Scaling-up Reference Group**
 - Act as secretariat to monthly meetings.
 - Management and dissemination of progress, knowledge and experiences.
 - Monitor performance and identifying constraints to progress.
- 3. Creating venues for accountability and learning to contribute to policy development and improved practices**
 - Seek opportunities to interact with bilateral partners, boards of global partnerships, civil society, foundations and bodies such as the OECD/DAC to facilitate a learning process so that what is learnt on the basis of country and regional experience contributes to policy development, operations and financing strategies.
 - Provide an appropriate forum in which countries and partners can review progress, exchange experiences and lessons learned.
 - Facilitate a learning process that contributes to applying what is learnt on the basis of country and regional experience to policy development, operations and financing strategies of development partners, global partnerships, foundations and multilaterals
 - Organize regular meetings across agencies to discuss progress, technical areas, and create opportunities for discussing and bringing together different initiatives that are mutually reinforcing.
- 4. Develop a IHP+ communications strategy**
 - Develop a set of key messages that summarize and help promote the various initiatives aimed at strengthening health systems and services, and to provide a common communications platform.
 - Develop a comprehensive communications strategy aimed at specific target audiences (politicians, heads of agencies, civil society, partners and national institutions central to the scaling up agenda, and the staff of the 8 international health agencies overseeing the IHP work).



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Annex 2

Scaling-up Reference Group⁶ Terms of Reference

Background

The Scaling-up Reference Group (SuRG) was established in the context of the launch of a cluster of initiatives (International Health Partnership, Catalytic Initiative to Save a Million Lives, Global Campaign for the Health MDGs, Providing for Health, etc) which broadly have similar aims - better coordination of development assistance and increased investment in health systems strengthening to accelerate the achievement of the health MDGs. While each initiative may have some of its own institutional mechanisms, the SuRG will necessarily be concerned with the success of scaling-up as a whole, and will seek to build linkages between the related initiatives (IHP+ is used in this note as a shorthand to refer to the newly established cluster of initiatives).

The SuRG will provide oversight, coordination and a steering function to the interagency Core Team based in WHO and the World Bank. Its membership comprises representatives of 8 leading global health agencies (The Bill & Melinda Gates Foundation, GAVI Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, UN Population Fund, UNICEF, World Health Organization and the World Bank).

Scope of work

Overall the SuRG will oversee and steer the delivery of the outputs defined in the joint IHP+ work-plan. They will add value to the work of the Core Team by:

- a) making available the resources (in terms of experience and knowledge) of member organizations - particularly in relation to joint analytic and technical work;
- b) helping to gain legitimacy for and uptake of the outputs of the Core Team among a wider audience;
- c) ensuring that the views of their respective constituencies (which include among others developing countries, bilateral and multilateral donors and civil society groups with whom they have relations) help shape the overall orientation of IHP+; and
- d) helping to resolve problems of inter-agency coordination that arise in the process of providing scaling-up support to countries (including ensuring the necessary synergy between global and regional operations).

The SuRG derives authority from members acting through their own organizations and the individual members remain accountable to their own management and governing bodies. Issues of common concern to all eight agencies may, when appropriate, be brought up at meetings of H8 principals.

Modus operandi

The SuRG will meet monthly - face-to-face when circumstances allow - or by video conference. The Core Team will prepare agendas and background papers as required. The SuRG will be chaired on a rotating basis.

⁶ Initially called Health Systems Reference Group

Specific activities

1. Track progress and oversee the further development of a common IHP+ work-plan.

- Work with the Core Team to update and further develop the work-plan.
- Initial focus on IHP+ but whenever possible creating opportunities for bringing together mutually reinforcing initiatives.

2. Management and dissemination of progress, knowledge and experiences

The SuRG has a particularly important role to play in relation to the joint programme of analytic work which will be managed by the Core Team. Specifically:

- Clarify responsibilities, agree terms of reference and facilitate appropriate processes for work across agencies on areas in which the synthesis of evidence and experience is required. These include in the first instance: national health plans and strategies; scaling up service delivery; results based financing; and accountability and performance monitoring. Joint work may well involve partners outside of the direct membership of SuRG (e.g. work on performance-based financing, the development of compacts, etc).
- Further develop this agenda of work as new challenges arise, and ensure that country progress and experiences are synthesized and properly incorporated into the evidence and best practices.
- Contribute to the dissemination of knowledge within agencies and within countries, so that what is learnt contributes to national and international policy development, plans and strategies of governments, development partners, global partnerships, foundations and multilaterals.

3. Support the Core Team by ensuring that within member agencies reliable systems are in place for responding to country requests for support for activities linked to the scaling-up agenda:

- Maintain close working relationships with regional initiatives for harmonizing technical support to countries;
- Share within and between agencies documentary outputs from selected countries;
- Identify and act on (through individual organizations) any human and financial resource gaps that limit agency effectiveness in providing country support; and
- Contribute to the development of a cross-agency network of individuals and institutions with the capacity to offer country support.

4. Monitor performance and identify constraints to progress

- Use the framework for accountability and monitoring performance in the IHP+ work-plan to report on progress and on any bottlenecks that may hinder it as soon as they occur.
- Ensure that country constraints requiring global action are brought to the attention of the appropriate level within agencies for action and, where necessary, propose solutions and actions by agency governing bodies.
- Regular dialogue with the Core Team and progress reports for inclusion in the monitoring framework.

5. Communicate internally (within agencies) and externally (meetings and forums) on developments as appropriate

- Agree a common set of messages on health systems strengthening, scaling-up and aid effectiveness in the health sector.
- Work closely with the Core Team to develop a common communications strategy aimed at specified target audiences (politicians, heads of agencies, civil society, partners and national institutions central to the scaling up agenda).

Appendix A

IHP+ Scaling up for Better Health: 18 month country-led workplan		
Outputs and activities	Responsibility at country/regional levels	Milestones/Mean of verification
1. Develop 'country compacts' that commit development partners to provide sustained and predictable funding and increase harmonization and alignment in support of costed, results-orientated national plans and strategies that also tackle health system constraints.		
1.1. Develop country level compacts in at least 8 countries: <ul style="list-style-type: none"> Complete a stocktaking exercise of sector work Prepare a road map for defining the country compact Signing of country compacts Start preparatory work in other countries that show interest in developing a compact 	Lead by Ministries of Health, Finance a/o Planning with country health sector teams	<ul style="list-style-type: none"> Stock-taking reports available by Feb 08 Other events to be defined in-country 8 countries define timetable to sign compact: target is for 6 by Dec 08
1.2. Strengthen country level coordination mechanisms: <ul style="list-style-type: none"> Share current composition, ways of working and plans to streamline, as part of compact road map Prepare plans to strengthen ways of working: e.g., <ul style="list-style-type: none"> strengthened coordination in agency & govt perform system/constraints analysis National dissemination of knowledge, learning events & consensus building on HSS policy options Contribute to development of guidance on good practice for country health sector planning & coordination, eg: <ul style="list-style-type: none"> Composition, including civil society engagement Preparation of proposals for GHPs/HSS/sector investment MoUs, Codes of Conduct, Joint sector planning and reviews 	Country health sector teams	<ul style="list-style-type: none"> Share composition of country teams: Feb 2007 Country team proposals: Mar 08 Guidance on sector coordination: May 08
1.3 Agree on preferred mechanism for mobilizing resources for strengthening health systems: <ul style="list-style-type: none"> Using existing mechanisms (SWAp reviews, costings, MTEF etc) make the case for additional investment of international and domestic resources Agree on preferred mechanism for mobilizing resources 	MOH/MOF and country health sector teams	<ul style="list-style-type: none"> Timetable agreed in country linked to sector reviews and preparation of compact
1.4. Regular liaison with IHP+ inter-agency Core Team (CT): <ul style="list-style-type: none"> Report on any health system and development partner bottlenecks that hinder progress as soon as they occur Regular dialogue with Core Team and to allow contribution to progress reports 	Country health sector teams	<ul style="list-style-type: none"> Contribution provided to IHP+ updates 2 monthly reports on progress

Outputs and activities	Facilitating Agency and Focal Points	Milestone/means of verification
2. Generate and disseminate knowledge, guidance, and tools in specific technical areas related to strengthening health systems and services⁷		
2.1 Health Systems Strengthening communication strategy	Core Team	<ul style="list-style-type: none"> HSS communication strategy defined: Dec 07
2.2 Priority areas for evidence and knowledge generation: <ul style="list-style-type: none"> National plans, strategies and budgets Health service delivery Results based financing Aid-effectiveness and health Monitoring and Evaluation 	<p>Led by WHO with WB, UNAIDS, GFATM</p> <p>Led by UNICEF with WHO, WB, UNFPA (tbc)</p> <p>Led by WB with WHO, GAVI, GFATM (tbc)</p> <p>Led by WHO/WB/UNICEF/GFATM/UNAIDS in collaboration with OECD.DAC</p> <p>Led by WHO/WB/UNICEF and others</p>	<ul style="list-style-type: none"> Scope and responsibilities: Nov 07 Clarify work-program and deadlines: Dec 07 Work-programme and deadlines: March 08 Work-programme and deadlines: March 08 Provide update on progress: Feb 08 Present at Accra round-table: Sept 08 Develop a M&E Framework: Jan 08 Implementation of framework by June 09
<ul style="list-style-type: none"> Health financing and social protection 	WHO & WB with bilaterals	<ul style="list-style-type: none"> Bonn Conference: Nov 07
2.3 Harmonization & alignment of HS Research	Geneva based research partnerships (tbc)	<ul style="list-style-type: none"> Concept paper finalized to consider in Phase II IHP+, May 08
2.4 Synthesis and dissemination of experiences: <ul style="list-style-type: none"> Scaling-up Reference Group: monthly video conferences Establish IHP+ web-space for sharing documentation Review of Regional Health Systems Observatory models Review of lessons from UNAIDS GTT experience Cross-country sharing of lessons and experience Consultation on Private Sector engagement (tbc) 	<p>Core Team</p> <p>Core Team</p> <p>Core Team</p> <p>UNAIDS</p> <p>Core Team</p> <p>Tbc</p>	<ul style="list-style-type: none"> Monthly VDC: From Nov 07 IHP web-site: Feb 08 Regional Options Jan 08 Seminar: Jan 08 (tbc) Meet of country sector teams Feb 08 (tbc) Consultation: Jun 08 (tbc)
<ul style="list-style-type: none"> Use of lessons learnt to develop 2nd phase of IHP 	Core Team	<ul style="list-style-type: none"> Synthesis of lessons for input into IHP Phase II

⁷ The lead agencies need to ensure knowledge dissemination through regular meeting with interested parties.

Outputs and activities	Facilitating Agency and Focal Points	Milestone/means of verification
3. Enhance coordination and efficiency and leverage predictable and sustained aid delivery for health		
<ul style="list-style-type: none"> • Complete proposal for Core Team including staffing, ways of working, plans & budget • Strengthen regional mechanisms for harmonization of technical assistance and capacity building - Africa and Asia • Synthesize lessons and plan with partners for IHP Phase II 	Core Team Core Team: HH Africa Core Team: HH Asia (tbc)	<ul style="list-style-type: none"> • Proposal completed Nov 07 • Full time HH Africa staff in Brazzaville: Jan 08 • Proposal for HH Asia: Mar 08 (tbc) • Plan for IHP Phase II: Jun 08
3.2 Establish IHP+ communication strategy: <ul style="list-style-type: none"> • Prepare communication documentation & mechanisms • Regular international forums with all stakeholder groups to discuss progress and address issues that may be hindering it in countries <ul style="list-style-type: none"> ▪ Partnership secretariats ▪ Civil Society ▪ Development partners • Regular progress reports of IHP+ work-plan 	Core Team & SuRG Core Team & Consultative Group Core Team	<ul style="list-style-type: none"> • Communications strategy: Feb 08 • DPs every 2 months: next Dec 07 • NGOs every 3 months: Next Jan 08 • Geneva GHPs: every 3 months: Next Jan 08 • Bi- monthly reports to SuRG:
3.3 Facilitate solutions to agency constraints: <ul style="list-style-type: none"> • Study of institutional incentives to support Paris Principles in the health sector • Country specific constraints: tbc 	Core Team, SuRG & Consultative Group	<ul style="list-style-type: none"> • Study of institutional incentives: Jun 08 • Milestones to be prepared based on country feedback
3.4 Improve agency capacity to strengthen results based planning and budgeting, increase harmonization and alignment of aid, and build health systems strengthening capacities: <ul style="list-style-type: none"> • Health systems professional network • Tools, inventories and events for staff development 	Core Team	<ul style="list-style-type: none"> • Health Systems Professional Network: first phase Jan 08 • Staff development strategy using existing tools: Defined June 2008

Outputs and activities	Facilitating Agency and Focal Points	Milestone/means of verification
4. Ensure mutual accountability and monitoring of performance		
4.1 Accountability for implementing country compacts: <ul style="list-style-type: none"> Develop accountability framework at global level Mutual assessment of progress at country level 	Country health sector teams	<ul style="list-style-type: none"> Global level framework: Mar 08
	Commissioned agency	<ul style="list-style-type: none"> Country level assessments: aligned with country schedule
<ul style="list-style-type: none"> Civil Society cross-country review of progress in implementation of compacts 	WHO and WB	<ul style="list-style-type: none"> Options & RFP for cross-country review: May 08
4.2 Monitoring and evaluating country progress: <ul style="list-style-type: none"> Consensus on country M&E framework: progress & aid effectiveness Appraisal of options for independent assessment of results 	Core team with SuRG	<ul style="list-style-type: none"> Country M&E framework: Feb 08 Institutional options for independent assessment: May 08
4.3 Prepare progress for high level events:		<ul style="list-style-type: none"> Health 8: Jan 08 WHA: May 08 G8: June 08 HLF on Aid Effectiveness in Accra: Sept 08 SG High Level meeting: Sept 08 2nd Ministerial Meeting: Sept 09

Appendix B

IHP+ Scaling up for Better Health: Budget Plan

Area for Action 1: Develop 'country compacts' that commit development partners to sustained and predictable funding and increase harmonization and alignment in support of costed results-orientated national plans and strategies that tackle health system constraints

Outputs	Detail	Budget (USD 000)
1.1. Develop country level compacts in 8 first wave IHP countries	US\$ 100k per country	USD 800
1.2. Strengthen country level coordination mechanisms	Average of USD 800 per country Cross-Country guidance on health sector coordination: USD 150	USD 6,550
1.3 Agree on preferred mechanism for mobilizing resources for strengthening health systems	No additional resource	0
1.4. Regular liaison with IHP+ inter-agency Core Team (CT)	No additional resource	0
SUB-TOTAL		USD 7,350

Area for Action 2: Generate and disseminate knowledge, guidance, and tools in specific technical areas related to strengthening health systems and services

2.1 Health Systems Strengthening communication strategy	Activities	USD 100
2.2 Priority areas for evidence and knowledge generation	6 areas, on average USD 480	USD 2,900
2.3 Harmonization and alignment of health systems research	Concept note for work in next phase	0
2.4 Synthesis and dissemination of experiences	Activities	USD 750
SUB-TOTAL		USD 3,750

Area for Action 3: Enhance coordination and efficiency and leverage predictable and sustained aid delivery for health

3.1 Establish IHP+ inter-agency Core Team	Global USD 700 HH Africa USD 500	USD 1,200
3.2 Establish IHP+ communication strategy	Activities	USD 100
3.3 Facilitate solutions to agency constraints	Activities	USD 100
3.4 Improve agency capacity to strengthen results based planning and budgeting, increase harmonization and alignment of aid, and build health systems strengthening capacities	Activities	USD 500
SUB-TOTAL		USD 1,900

Area for Action 4: Ensure mutual accountability and monitoring of performance

4.1 Accountability for implementing country compacts	Global Accountability Framework: USD 100 Cross-country review: USD 200	USD 300
4.2 Monitoring and evaluating country progress	Activities	USD 400
4.3 Prepare progress for high level events	Activities	USD 300
SUB-TOTAL		USD 1,000
TOTAL		USD 14,000

Appendix 2

Country		Project	
Tanzania		Tanzania Health Improvement Project (THIP)	
Kenya		Kenya Health Improvement Project (KHIP)	
Uganda		Uganda Health Improvement Project (UHIP)	
Rwanda		Rwanda Health Improvement Project (RHIP)	
DRC		DRC Health Improvement Project (DHIP)	
Mali		Mali Health Improvement Project (MHIP)	
Senegal		Senegal Health Improvement Project (SHIP)	
Ghana		Ghana Health Improvement Project (GHIP)	
Sierra Leone		Sierra Leone Health Improvement Project (SLHIP)	
Liberia		Liberia Health Improvement Project (LHIP)	
Ivory Coast		Ivory Coast Health Improvement Project (ICHIP)	
Nigeria		Nigeria Health Improvement Project (NHIP)	
Ethiopia		Ethiopia Health Improvement Project (EHIP)	
Somalia		Somalia Health Improvement Project (SHIP)	
Yemen		Yemen Health Improvement Project (YHIP)	
Pakistan		Pakistan Health Improvement Project (PHIP)	
India		India Health Improvement Project (IHIP)	
China		China Health Improvement Project (CHIP)	
Vietnam		Vietnam Health Improvement Project (VHIP)	
Thailand		Thailand Health Improvement Project (THIP)	
Philippines		Philippines Health Improvement Project (PHIP)	
Indonesia		Indonesia Health Improvement Project (IHIP)	
Malaysia		Malaysia Health Improvement Project (MHIP)	
Singapore		Singapore Health Improvement Project (SHIP)	
Japan		Japan Health Improvement Project (JHIP)	
South Korea		South Korea Health Improvement Project (SKHIP)	
Australia		Australia Health Improvement Project (AHIP)	
New Zealand		New Zealand Health Improvement Project (NZHIP)	
Canada		Canada Health Improvement Project (CHIP)	
USA		USA Health Improvement Project (UHIP)	



**World Health
Organization**

Robert Fryatt

Health Systems + Services
Strategic Coordination

World Health Organization
20, Avenue Appia
Geneva 27
CH 1211

Tel: +41 22 791 2743
Mobile: +41 79 202 1837
Fax: +41 22 791 4881
Email: fryattr@who.int



**The World
Bank**

Nicole Klingen

Senior Health Specialist
Human Development Network

The World Bank
1818 H Street N.W.
Washington DC 20433
USA

Tel: +1 202 458 7413
Mobile: +1 202 460 0157
Fax: +1 202 614 0148
Email: nklingen@worldbank.org



**Harmonisation for
Health in Africa**

Chris Mwikisa

Director
Harmonisation for Health in Africa

World Health Organization
Regional Office for Africa
PO Box 06 Brazzaville
Congo

Tel: +47 241 39100
Mobile: +41 79 516 3135
Fax: +47 241 39503
Email: mwikisac@afro.who.int



UNICEF

Rudi Knippenberg

Principle Health Adviser

United Nations Children's Fund
3 United Nations Plaza
New York, NY 10017
USA

Tel: +1 212 326 7000
Mobile: +1 917 605 1524
Fax: +1 212 887 7465
Email: rknippenberg@unicef.org